

# REQUEST FOR BAPTISM

PLEASE PRINT CLEARLY

YOUR PARISH \_\_\_\_\_

## YOUR CHILD

IS THIS YOUR FIRST CHILD?      Yes/No      (Please circle)

CHILD'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PLACE OF BIRTH: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

FATHER'S RELIGION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

MOTHER'S RELIGION: \_\_\_\_\_

MOTHER'S MAIDEN NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_ PHONE: \_\_\_\_\_

GODPARENTS: \_\_\_\_\_

\_\_\_\_\_

PREFERRED DATE OF BAPTISM: \_\_\_\_\_

TIME & DATE FOR INTERVIEW: \_\_\_\_\_